

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25441

State File No.

FILED AUG 10 1953

| | | | | | | | | |
|---|----------------------------|---|---|---|---|---|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>162</u> | | PRIMARY REG. DIST. NO. <u>5595</u> | | Registrar's No. <u>57</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCK TOWNSHIP</u> | | c. LENGTH OF STAY (in this place) <u>1 HOUR.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, ROCK TOWNSHIP 0</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR BARNHART Mo</u> | | | | d. STREET ADDRESS (If rural, give location) <u>NEAR MAXVILLE Mo.</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u> b. (Middle) <u>ROY</u> c. (Last) <u>MANTEI</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 26, 1953.</u> | | | | | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>NOV 16, 1946.</u> | | 9. AGE (In years last birthday) <u>7</u> | # UNDER 1 YEAR Months | # UNDER 2 HRS. Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NIL.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. FRANCOIS Co., Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>NORMAN H. MANTEI</u> | | | 13b. MOTHER'S MAIDEN NAME <u>NINA ZOLLMAN</u> | | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>NORMAN H. MANTEI</u> ADDRESS <u>ARNOLD Mo</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> | | | | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>E 9298</u> <u>49</u> | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at Creek</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Jefferson Mo.</u> (STATE) <u>Mo.</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/25/53</u> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Accident</u> | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. B. Edwards M.D. Governor</u> | | | | 23b. ADDRESS <u>Ordor Hill, Mo</u> | | 23c. DATE SIGNED <u>7/26/53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JULY 29-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>NEW BETHLEHEM CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>8-1-53</u> | | REGISTRAR'S SIGNATURE <u>Ruth Jursa</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTRG FUNERAL HOME</u> ADDRESS <u>IMPERIAL Mo</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 5 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur W. Hilgert

Licensed Embalmer No. 3872

P. O. Address Superior Dr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.